



CITY OF ATLANTA

Kasim Reed
Mayor

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DEPARTMENT OF PROCUREMENT
Adam L. Smith, Esq., CPPO, CPPB, CPPM, CPP
Chief Procurement Officer
asmith@atlantaga.gov

September 26, 2014

Dear Potential Proponents:

Re: FC-7383, Architectural, Engineering and Design Services

Attached is one (1) copy of **Addendum Number 4**, which is hereby made a part of the above-referenced project.

For additional information, please contact Ms. Cristi C. Walker, Contract Officer, at (404) 865-8996 or by email at ccwalker@atlantaga.gov.

Sincerely,


Adam L. Smith

ALS/ccw

ADDENDUM NO. 4

This Addendum No. 4 forms a part of the Request for Proposals and modifies the original solicitation package and any prior Addenda as noted below and is issued to incorporate the following:

- **Clarification to Addendum No. 2, Question 29 and Form 4.1**

Question 29 referenced in Addendum No. 2 stated "Will the attached alternative Insurance documents meet the requirements in Form 4.1?" To this Question, the City responded, "Yes."

To clarify, the "attached" documents referenced in the Question were insurance certificates submitted by a potential proponent. There is no "alternative" to Form 4.1 that has been accepted by the City. Form 4.1 must be submitted by all Proponents without alteration, modification, etc.

To further clarify, Form 4.1, section (c), states that the Insurer must certify that on the date Form 4.1 is executed, **IF** the Proponent were selected as the successful Offeror then the Insurer would provide insurance to the Offeror for this project in accordance with the Appendix B, Insurance Requirements. This statement does not require that the Proponent obtain insurance prior to being selected as the successful Offeror.

- **Replacement of Form 4.1 Referenced in Original Solicitation Document**

Part 4; Required Submittal Forms; Form 4.1 – Certification of Insurance Ability: Form 4.1 shall be replaced with the form affixed to this Addendum as Attachment No. 1, and shall replace the Form 4.1 referenced in the original solicitation document.

- **Modification of Proposal Due Date**

Proposals are due on Friday, October 3, 2014 and should be time stamped in no later than 2:00 P.M. ET and delivered to the address listed below:

Adam L. Smith, Esq., CPPO, CPPB, CPPM, CPP
Chief Procurement Officer
Department of Procurement
55 Trinity Avenue, S. W.
City Hall South, Suite 1900
Atlanta, Georgia 30303

No Additional Questions Will Be Answered

****All other pertinent information is to remain unchanged****

FC-7383, Architectural, Engineering and Design Services

Addendum No. 4

September 26, 2014

Page 3

Acknowledgment of Addendum No. 4

Proponents must sign below and return this form with Proposal response to the Department of Procurement.

Proponents must sign below and return this form with Proposal to the Department of Procurement, 55 Trinity Avenue, City Hall South, Suite 1900, Atlanta, Georgia 30303 as acknowledgment of receipt of this Addendum.

This is to acknowledge receipt of **FC-7383, Architectural, Engineering and Design Services** on this the _____ day of _____, 20__.

Legal Company Name of Bidder

Signature of Authorized Representative

Printed Name

Title

Date

ATTACHMENT NO. 1

FORM 4.1

Certification of Insurance Ability

Required Submittal (Form 4.1) (Rev. 9/26/14)

Certification of Insurance Ability Instructions:

Offerors **MUST** submit a **completed copy of this form executed by their insurance company.**
Failure to submit completed form may result in the Offeror being deemed non-responsive.

I, _____ [insert an individual's name], on behalf of _____ [insert insurance company full name], a _____ [insert type of entity LLC, LLP, corporation, etc.](**"Insurer"**), hereby represent and certify each of the following to the City of Atlanta, a municipal corporation of the State of Georgia (**"City"**) on this _____ day of _____, 20____ [insert date]:

- (a) Insurer is licensed by the Insurance and Safety Fire Commissioner of the State of Georgia to transact insurance business in the State of Georgia;
- (b) Insurer has reviewed the Agreement attached to the solicitation for Project Number FC-____; _____ (**"Project"**) and its corresponding **Appendix for Insurance Requirements**;
- (c) Insurer certifies that if, as of the date written above, (**"Offeror"**) was selected as the successful Offeror for the Project, Insurer would provide insurance to Offeror for this Project in accordance with the terms set forth in the corresponding **Appendix for Insurance Requirements**; and

PLEASE NOTE: If this Form 4.1 is executed by an Attorney-in-Fact, then Insurer must attach a copy of a duly executed Power-of-Attorney evidencing such authority in addition to correctly completing this Form 4.1. If Offeror is unable to provide City with insurance that comply with the terms of the corresponding Appendix for Insurance Requirements within ten (10) days of receiving notice of intent to award the Project from the City, the City may, in its sole discretion, retain Offeror's security submitted with its offer and/or disqualify Offeror from further consideration for the award of the Agreement.

By executing this certification, Insurer represents that all of the information provided by Insurer herein is true and correct as of the date set forth above.

Insurer: [insert company name on line provided below]

[Either a Corporate Secretary Signature and Seal or Notary is Required]

By: _____

Corporate Secretary/Assistant Secretary
(Seal)

Print Name: _____

Title: _____

Notary Public of _____ (state)

My commission expires: _____